AMENDMENT TRANSMITTAL LETTER						Docket No. 02008/122001						
Application No.		Filing I September		Examiner A. W. Carter		Art Unit						
10/660,464-Cd	·	2624										
Applicant(s): Eisaku Katayama et al.												
THREE-DIMENSIONAL STRUCTURE VERIFICATION SUPPORTING APPARATUS, Invention: THREE-DIMENSIONAL STRUCTURE VERIFICATION METHOD, RECORDING MEDIUM AND PROGRAM THEREFOR												
TO THE COMMISSIONER FOR PATENTS												
Transmitted herewith is an amendment in the above-identified application.												
The fee has been calculated and is transmitted as shown below.												
CLAIMS AS AMENDED												
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate	-							
Total Claims	38	- 36 =	20	x 50.00	100	.00						
Independent Claims	5	- 3 =	2	x 210.00	420	.00						
Multiple Dependent Claims (check if applicable)												
Other fee (please specify):												
TOTAL ADDIT	520.00											
x Large Entity Small Entity												
No additional fee is required for this amendment.												
Please charge Deposit Account No. 50-0591 in the amount of \$ A duplicate copy of this sheet is enclosed.												
A check in the	ne amount of \$		to cover	the filing fee is encl	osed.							
x Payment by	credit card. Fo	orm PTO-2038	is attached.									
The Director is hereby authorized to charge and credit Deposit Account No as described below												
x Credit any overpayment.												
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.												
Dated: October 1, 2007 Thomas K. Scherer												
Attorney/Agent		986										
OSHA - LIANG LLP 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600												

PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of	1995, no person are requ	red to res	pand to a collection				control numbe				
Effective on 12/08/	-	Complete if Known									
Fees pursuant to the Consolidated Approp				10/660,464-Conf. #4973							
FEE TRANS				September 11, 2003							
For FY 20				Eisaku Katayama							
		Examiner Name A. W. C									
Applicant claims small entity stat	_	Art Unit 2624									
TOTAL AMOUNT OF PAYMENT	(\$) 520.00		Attorney Docket No. 02		02008/122001						
METHOD OF PAYMENT (check	all that apply)										
Check X Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha - Liang LLP											
For the above-identified depo	sit account, the Dire	ctor is h	ereby authorize	d to: (chec	k all that apply)						
Charge fee(s) indicated	below		Charge	e fee(s) inc	licated below, ex	cept for t	he filing fee				
Charge any additional t	ee(s) or underpayme	nts of	x Credit	any overpa	ayments						
fee(s) under 37 CFR 1.	16 and 1.17				-						
FEE CALCULATION 1. BASIC FILING, SEARCH, AND E.											
	LING FEES	SEAF	RCH FEES	FYAMIN	IATION FEES						
	Small Entity		Small Entity		Small Entity						
Application Type Fee (\$		ee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)				
Utility 300	150	500	250	200	100						
Design 200	100	100	50	130	65						
Plant 200	100	300	150	160	80						
Reissue 300	150	500	250	600	300						
Provisional 200	100	0	0	0	0						
2. EXCESS CLAIM FEES						F (6)	Small Entity Fee (\$)				
Fee Description	Fee (\$) 50	25									
	Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)										
Multiple dependent claims	uumg reissues)					200 360	100 180				
Total Claims Extra Claims	Fee (\$)	Fee Pa	id (e)	86	ultiple Depende						
	50.00 =		0.00 Fee (\$)			Fee Paid (
HP = highest number of total claims paid for		100.			2.027	00 1 010 1	<u>v.</u>				
Indep. Claims Extra Claims	Fee (\$)	Fee Pa	ld (\$)				_				
	210.00 =	420.									
HP = highest number of independent claims	paid for, if greater than 3										
3. APPLICATION SIZE FEE											
If the specification and drawings ex											
listings under 37 CFR 1.52(e)), sheets or fraction thereof. See 3				or small e	ntity) for each a	dditional 5	0				
Total Sheets Extra Sheet			Itional 50 or frac	don thoma	r Fee (\$)	Foo	Paid (\$)				
							1 410 141				
4. OTHER FEE(S)	-100 = /50 = (round up to a whole number) x										
Non-English Specification, \$13			Paid (\$)								
Other (e.g., late filing surcharge):	- 33										
SUBMITTED BY											
	7079	R	egistration No.	33,986	Telephone	(713) 22	28-8600				
Name (Print/Types Jonathan P. Osha	Date	October 1, 2007									
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